SUMMARY

91-02595/

WALK-IN CLINIC STUDY

PURPOSE:

A study of Walk-In Clinics* was undertaken by the Research and Planning Directorate to answer a number of questions that have been raised as to their functioning within the health care system, namely:

- What are the estimated costs of medical services provided by physicians practicing in Walk-In Clinics?
- What are these costs in relation to the total cost of all medical services being provided by fee-for-service physicians?
- What are the historical growth rates of Walk-In Clinics and what is their impact on out-patient visits to hospitals?
- Is "double-doctoring" taking place in that patients are going to a Walk-In Clinic and then returning to see their own physician in order to ensure that the diagnosis was "correct"?

The last question, however, could not be answered in its entirety, but it was possible to determine to what extent patients see other physicians after they have sought medical care at a Walk-In Clinic.

FINDINGS:

Because Walk-In Clinics can not be clearly defined, only data for fifteen out of twenty Walk-In Clinics could be identified. However, because the larger Walk-In Clinics were identified, the data examined should represent close to 75% of the total billings of Walk-In Clinics in Manitoba.

An analysis of these data indicated that:

- Less than 3% of the costs of all medical services were delivered by physicians in Walk-In Clinics.

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*The nature of Walk-In Clinics is such that it is difficult to identify them. The only factor which distinguishes a Walk-In Clinic and a regular physician's office is whether or not an appointment is usually required to see a physician or whether patients are seen on a first-come, first-served basis. However, the majority of Walk-In Clinics have an arrangement with the MHSC that physicians in their employ be provided with distinct billing numbers only to be used when they practice at the Clinic.

... 2

- As the average billings per Walk-In physician were in the order of $20,000, it can be concluded that the majority of physicians employed by Walk-In Clinics, are employed on a part-time basis.

- 12.5% of the patients who saw a Walk-In physician also visited a non-Walk-In physician the same day or the next day for a cost of slightly over half-a-million dollars in 1986/87.

- For patients seeing both a Walk-In physician and a non-Walk-In physician, Walk-In physicians tended to bill the lesser fee of a Regional or Subsequent Visit rather than a Complete History when compared to non-Walk-In physicians. This appears to reflect the episodic nature of care being provided by Walk-In physicians related to non-Walk-In physicians.

- That there are some indications that the growth in the Walk-In Clinics may have peaked but a few more years of data are requried before a definitive statement can be made.

- That Not Urgent and Non Emergency Room Visits in Winnipeg hospitals have dropped significantly and that this is coincident with the growth in Walk-In Clinics.

Research and Planning Directorate
Manitoba Health
June, 1988

Number of Discrete Patients
by Number of Walk-In Visits
1986/87

Visits	Frequency	Percent	Cumulative Frequency	Cumulative Percent
One	64,635	59.9	64,635	59.9
Two	22,310	20.7	86,945	80.6
Three	9,379	8.7	96,324	89.3
Four	4,659	4.3	100,983	93.6
Five	2,582	2.4	103,565	96.0
Six	1,396	1.3	104,961	97.3
Seven	906	0.8	105,867	98.1
Eight	556	0.5	106,423	98.6
Nine	384	0.4	106,807	99.0
Ten	285	0.3	107,092	99.2
More than ten	829	0.8	107,921	100.0

WALK-IN CLINICS

RESEARCH AND PLANNING DIRECTORATE
MANITOBA HEALTH
MAY, 1988

WALK-IN CLINICS

INTERIM REPORT

PURPOSE:

A study of Walk-In Clinics was undertaken to answer a number of questions that have been raised as to their functioning within the health care system, namely:

- What are the estimated costs of medical services provided by physicians practicing in Walk-In Clinics?
- What are these costs in relation to the total cost of all medical services being provided by fee-for-service physicians?
- What are the historical growth rates of Walk-In Clinics and what is their impact on out-patient visits to hospitals?
- Is "double-doctoring" taking place in that patients are going to a Walk-In Clinic and then returning to see their own physician in order to ensure that the diagnosis was "correct"?

The last question, however, cannot be answered in its entirety, but it is possible to determine to what extent patients see other physicians after they have sought medical care at a Walk-In Clinic.

DEFINITION:

The nature of Walk-In Clinics is such that it is difficult to identify them. Any physician in Manitoba who has a billing number from the Manitoba Health Services Commission (MHSC) can choose to practice by seeing patients on an appointment basis or on a drop-in basis. Therefore, the only factor which distinguishes a Walk-In Clinic and a regular physician's office is whether or not an appointment is usually required to see a physician or whether patients are seen on a first-come first-served basis.

Since there are no requirements for physicians to report whether they will be practicing medicine on an appointment basis or on a first-come first-served basis it is not possible to get wholly accurate data on Walk-In Clinics. However, the majority of Walk-In Clinics have an arrangement with the MHSC that physicians in their employ be provided with distinct billing numbers only to be used when they practice at the Clinic.

Because of this lack of a clear definition of Walk-In Clinics, only the data for fifteen out of twenty Walk-In Clinics could be identified. However, because the larger Walk-In Clinics could be identified, the data that were examined should represent close to 75% of the total billings of Walk-In Clinics in Manitoba.

... 2

DATA ANALYSIS:

Walk-In Clinic Gross Revenues:

Walk-In Clinics have been aggregated into single-ownership groups in order to keep the amount of information at a manageable level. The sole exception to this is group I - Other, which is comprised of three separate clinics that had been in operation for a year or less.

The physicians who were employed in these clinics could have worked full-time or part-time. The MHSC data bank contains information such as fees, diagnosis, procedures, number of services, etc., but not whether a physician is working full-time or part-time.

The following data provides a breakdown of total billings for the fiscal year 1986/87 for the Walk-In Clinics that could be clearly identified:

Table 1

Walk-In Clinics Billing Data

Clinic	Number of Locations	Billings Per Physician	Number of Physicians	Total Billings
A)	*	$ 16,657	*	$ *
B)		24,656		
C)		20,450		
D)		39,253		
E)		41,447		
F)		34,193		
G)		19,040		
H)		6,115		
I) Other		5,519		
Sub-total	15 (75%)	$ 19,974	170	$3,395,484
Excluded	5 (25%)	N/A		N/A
Total	20 (100%)			

Estimated Billings: $ 3,395,484 / 75% = $ 4,500,000.

Estimated Billings as a percentage of total medical services billings for 1986/87:

$ 4.5 million / $ 204 million = 2.2%

*access denied in accordance with Sub-section 41(1), Clause (b) and Sub-section 42(1), Clause (b) of The Freedom of Information Act.

... 3

As can be seen in the above table, the estimated billings of Walk-In Clinics is $4.5 million or less than 3% of all medical services billings in the province for 1986/87. The average billings per Walk-In physician were in the order of $20,000 per physician. It is obvious that the majority of physicians who are employed by Walk-In Clinics are doing so on a part-time basis. In its annual reports the MHSC excludes from the compilation of the average gross revenues per physician any physician with gross revenues less than $30,000 per year.

Physicians Seen By Walk-In Clinic Patients:

In order to determine the extent to which patients who frequented Walk-In Clinics also frequented other physicians shortly after having been seen by a physician in a Walk-In Clinic, the following data was generated. The data was a tabulation of the number of days elapsed between a patients' Walk-In Clinic visit and a visit to another physician who was not employed by a Walk-In Clinic. Laboratory and radiology services were excluded because these do not represent visits to a physician but services that may be required for diagnostic purposes. As well, referrals from Walk-In physicians to other physicians were excluded because these would represent services not initiated by the patient.

Table 2

DATA ON PATIENTS SEEING A WALK-IN PHYSICIAN FOLLOWED BY A VISIT TO ANOTHER PHYSICIAN WITHIN A SPECIFIED PERIOD OF TIME

Days elapsed between visits to Walk-In physician and other physicians	Number of Patients	Cumulative %	Walk-In Doctor	Outside Doctor	Cumulative Total Cost
Same day	7,049	6.8	$126,819	$197,006	$ 323,825
1 day	5,838	12.5	96,590	147,186	567,601
2- 7 days	23,109	34.8	381,669	579,598	1,528,868
8-14 days	14,057	48.4	229,387	368,928	2,127,183
15-21 days	8,954	57.1	145,839	232,151	2,505,173
23-28 days	6,545	63.4	105,020	163,925	2,774,118
28+ days	37,822	100.0%	600,073	934,000	4,308,191
Total	103,374		1,685,394	2,622,794	4,308,191

The data in the above table are of particular interest because it shows the number of days elapsed between visits of patients who saw a Walk-In physician and a physician who did not practice in a Walk-In Clinic. It

... 4

can be seen that 7,049 or 6.8% of patients saw a Walk-In physician as well as another physician on the same day. Which visit occurred first, however, cannot be derived from the data source. One does not know if a Walk-In physician was seen first or whether a non-Walk-In physician was seen first. One only knows that two physicians were seen on the same day without a referral being made by either physician. The cost of these medical services (excluding laboratory, radiology and referred services) was $126,819 for those provided by Walk-In physicians versus $197,006 for those physicians who were not practicing in a Walk-In Clinic, for a total cost of $323,825.

However, 5,838 patients saw a Walk-In physician one day and a non-Walk-In physician the next. The medical costs (excluding laboratory, radiology and referred services) for Walk-In physicians was $96,590 versus $147,186 for non-Walk-In physicians for a total of $243,776. For the period of 2-7 days there was a total of 23,109 patients with Walk-In physicians billing for $381,669 versus $579,598 for non-Walk-In physicians.

Of additional interest is the difference in the billings of the Walk-In physicians versus the non-Walk-In physicians with the Walk-In physicians billing ($126,819/$197,006) 35% less (excluding laboratory, radiology and referred services) than the non-Walk-In physicians for medical services provided on the same day.

Table 3

TYPES OF SERVICES BILLED FOR BY WALK-IN PHYSICIANS
VERSUS NON-WALK-IN PHYSICIANS

	% of medical costs which were Complete & Regional History or Subsequent Visit		Ratio of Regional/Subsequent Visits to Complete Histories	
Clinic	Walk-In Doctors	Outside Doctors	Walk-In Doctors	Outside Doctors
A)	88.8%	54.5%	2.9	1.1
B)	93.1	45.7	5.4	1.2
C)	90.4	50.3	3.4	1.4
D)	88.6	52.6	8.4	1.4
E)	90.7	57.9	11.7	1.4
F)	84.7	57.2	20.2	1.9
G)	95.3	56.2	19.1	1.7
H)	97.4	64.1	7.3	2.2
I) Other	54.4	59.7	.7	1.6
Average	89.2	52.3	4.6	1.3

... 5

Perusal of Table 3 shows that physicians in Walk-In Clinics bill for complete and Regional Histories or Subsequents 89.2% of the time relative to 52.3% for physicians outside of Walk-In Clinics. This reflects the fact that most Walk-In physicians are General Practitioners. Alternatively, non-Walk-In Clinic physicians bill the lesser cost Regional/Subsequent visit fees at a frequency which is half that of Walk-In physicians.

This appears to reflect the episodic nature of care being provided by Walk-In physicians relative to non-Walk-In physicians.

Historical Growth Rate:

The only readily available data which provides some perspective on the rate of growth of Walk-In Clinics is the number of physicians employed in Walk-In Clinics and the length of time they were employed. This provides for a proxy measure of their rate of growth since they first opened in 1982/83.

Table 4

PHYSICIANS PROVIDING MEDICAL SERVICES
IN WALK-IN CLINICS

	Number of Physicians	% Growth	Potential EFT Physicians*	% Growth
1982/83	25		8	
1983/84	58	132%	36	363%
1984/85	95	64%	62	75%
1985/86	156	64%	86	39%
1986/87	153	-2%	107	25%

* Based on the number of months a billing number was in use which was linked to a Walk-In Clinic.

Based on Table 4, it can be seen that from a first year base of 25 physicians in 1982/83, that the number of physicians employed in Walk-In Clinics reached a plateau by 1986/87. However, in terms of E.F.T. (Equivalent Full-Time) there appears to be a slow down in the rate of growth to 25% by 1986/87.

... 6

On the one hand it appears that their rate of growth has peaked in 1985/86 based on the number of Walk-In physicians but this has yet to be borne out by a drop or stabilization in the number of E.F.T.s employed in Walk-In Clinics.

Impact of Walk-In Clinics on Hospital Emergency Visits:

Data on Emergency Visits which can be compared to the types of patients which may be seen by Walk-In Clinic physicians are as follows:

a) Not Urgent Visits
   - Defined as requiring medical attention within 2-8 hours (e.g., minor lacerations or a sprain)
b) Non Emergency Room
   - Defined as not requiring the service of an emergency department.

Perusal of Table 5 shows that in aggregate the number of emergency visits classified as Not Urgent or Non Emergency Room dropped by 6.99% and 46.74% respectively in 1986/87 over 1985/86. *

Table 5

HOSPITAL PROGRAM
1986/87 VISITS AND % CHANGE OVER 1985/86

	Not Urgent		Non E.R.	
	Number	%	Number	%
*	*	(.24)	*	(85.23)
		(10.03)		28.01
		(13.84)		(36.36)
		.37		(.49)
		(9.37)		1.77
		4.17		(14.25)
		(18.26)		(58.38)
Total		(6.99)		(46.74)

One cannot infer causality but it appears that the Walk-In Clinics have had some impact in reducing the number of Not Urgent and Non Emergency Room Visits in Winnipeg Hosptials.

* Note: MHSC Statistics indicate an increase in the number of Emergency and Urgent Visits (28% + 14.6%) over the same period of time, 1986/87.

... 7

* Access denied in accordance with Subsection 41(1) Clause (b) and Subsection 41(2) Clause (b) of The

SUMMARY

In summary, the following can be stated:

- That less than 3% of the costs of all medical services are delivered by physicians in Walk-In Clinics.

- That 12.5% of the patients who see a Walk-In physician also visit a non-Walk-In physician the same day or the next day for a cost of slightly over half-a-million dollars in 1986/87.

- That for patients seeing both a Walk-In physician and a non-Walk-In physician that Walk-In physicians tend to bill the lesser fee of a Regional or Subsequent Visit rather than a Complete History when compared to non-Walk-In physicians.

- That there are some indications that the growth in the Walk-In Clinics may have peaked but a few more years of data is required before a definitive statement can be made.

- That Not Urgent and Non Emergency Room Visits in Winnipeg Hospitals have dropped significantly and that this is coincident with the growth in Walk-In Clinics.

Access to pages 12 and 13 is denied in accordance with Subsection 41(1), Clause (b) and Subsection 41(2), Clause (b) of The Freedom of Information Act.

Table 1

Walk-In Clinics Billing Data - 1987/88

Clinic	Number of Locations	Billings Per Physician	Number of Physicians	Total Billings
A		25,176		$
B		23,891		
C		77,597		
D		56,655		
E		30,646		
F		97,994		
G		32,680		
H		6,347		
I		18,543		
		26,358	155	4,085,408

Estimated Billings: $4,085,408/75% = 5,447,211

% of total medical services billings = 2.5%

* Access denied in accordance with Subsection 41(1), Clause (b) and Subsection 41(2), Clause (b) of The Freedom of Information Act

Table 2

Data on Patients Seeing a Walk-In Physician
Followed by a Visit to Another Physician
within a specified period of time
1987/88

ys Between Visits Walk-In Doctors d other Doctors	Number of Patients	Cumulative	Walk-In Doctor	Outside Doctor	Cumulative Total Cost
me day	7,759	6.9	141,560	209,214	350,774
day	6,035	12.2	105,066	158,762	614,602
7 days	23,822	33.8	411,783	633,343	1,659,728
14 days	15,299	47.2	254,601	411,984	2,326,313
21 days	9,909	55.8	163,099	264,872	2,754,284
28 days	7,153	61.9	118,055	186,930	3,059,269
+ days	41,347	100.0%	675,372	1,043,867	4,778,508
tal	111,851	100.0%	1,869,536	2,908,972	4,778,508

Table 3

Types of Services Billed for by Walk-In Doctors
vs. Non Walk-In Doctors
1987/88

Clinic	% of Medical Costs which were complete and Regional History or Subsequent Visit		Ratio of Regional/ Subsequent Visits to Complete History	
	Walk-In Doctors	Outreach Doctors	Walk-In Doctors	Outreach Doctors
A	94.9	54.7	2.5	1.1
B	92.2	47.0	5.2	1.2
C	63.6	35.1	2.8	1.4
D	87.7	52.8	6.8	1.4
E	85.9	57.6	18.5	1.2
F	89.1	54.8	45.8	1.5
G	93.9	52.0	21.9	1.8
H	97.6	65.2	17.8	2.3
I	80.3	56.5	4.4	1.5

Table 4

Physicians Providing Medical Services in Walk-In Clinics 1987/88

	Number of Physicians	% Growth	Potential EFT Physicians*	% Growth
1982/83	25		8	
1983/84	58	132%	36	363%
1984/85	95	64%	62	75%
1985/86	156	64%	86	39%
1986/87	153	- 2%	107	25%
1987/88	149	- 3%	107	0%

* Based on the number of months a billing number was in use which was linked to a walk-in clinic.